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ABSTRACT

This article discusses the history of the sociology of deviance and the exclusion from society of individuals who do not meet norms, and argues for a sociology emphasizing acceptance of differences on individual, group, and societal levels. Types of relationships based on mutual acceptance are discussed along with generalizations regarding the development and benefits to all parties of these relationships. Contains 17 references. (PB)

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Toward a Sociology of Acceptance: The Other Side of the Study of Deviance

by Robert Bogdan and Steven Taylor

Twenty-five-year-old Molly cannot walk or talk. Her clinical records describe her as being microcephalic and profoundly retarded. Her tiny head, sloping brow, large ears and nose, and small fragile body make her a very unusual sight. Her behavior is equally strange. She drools, screeches, and jerks her head from side to side as she rocks back and forth in her wheelchair.

But this is the way an outsider would describe her, the way we described her as sociologists doing field research studying community programs for severely and profoundly disabled people. To Jim and Jane Barker, however, Molly is a lovely, appreciative person, with talent and beauty. Although she has only lived with the Barkers for four years, and they are her foster parents, they tell others that Molly is their daughter. They show great love for her and plan to have her as part of their family forever. Molly spent most of her life in an impersonal custodial institution. Now she lives in an intimate relationship with the Barkers in a modern house on a typical middle-class street in mainstream America.

Molly is an example of a person who has extremely negatively valued characteristics forming a caring relationship with others who have no such traits (typical persons). The nature and extent of Molly's abnormalities combined with the apparent rarity of such a relationship might suggest that we dismiss the situation as too atypical for serious social science inquiry. But as our research took us to other such unions and we reflected on other associations we have known between so-called deviants of every conceivable label and typical people, we came to see Molly and the Barkers not as a bizarre case—an unusual find—but rather an example of a large pattern of relationships deserving of sociological study.

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THE SOCIOLOGY OF EXCLUSION

For a quarter century sociologists have concentrated on stigma and the labeling and rejection of people with negatively valued physical, mental, and behavioral differences (deviant, different, or atypical). Tannenbaum's (1938) notion of the "dramatization of evil" and Lemert's (1951) concept of secondary deviance were forerunners of the approach. But it was Goffman's *Asylums* (1961) and *Stigma* (1963) that mark the ascent of the trend and the personification of the approach that casts typical human beings as piranha and the different as the prey, victims who seek protection with interpersonal management skills and by banning together as outsiders. Goffman told us that, to typical people, those with demonstrable negatively valued differences were "not quite human" (1963, p. 5).

Although interactionists never intended it and the theory on which the approach is derived is not by nature deterministic, concepts such as Becker's (1963) "deviant career" and "master status" lead the application of symbolic interactionism to the study of devalued people resulting in a sociology of exclusion.

Ironically, the most influential architects of what was to be called the labeling approach cautioned their colleagues not to approach the study of deviance with the outcome of deviant/non-deviant interaction predetermined. In what was to become the most extensively used text in the sociology of deviance, *Outsiders*, Becker warned the readers that banishment was not the inevitable outcome of being deviant (pp. 24-25) and that the study of deviant careers should be directed toward patterns of inclusion as well as exclusion.

In an empirical study of attitudes toward homosexuals published early in the emergence of the labeling perspective, Kitsuse (1962) tried to guide researchers away from thinking monolithically about people's reaction to deviance. He reported empirical evidence that, contrary to theories that posited strong negative reactions to homosexu-

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als, his respondents had a varied and mild reaction to gays. He concluded:

> For in modern society, the socially significant differentiation of deviants from the non-deviant population is increasingly contingent upon circumstances of situation, place, social and personal biography, and bureaucratically organized activities of agencies of control (p. 256).

But these admonitions did not change the trend. For the most part it was degradation ceremonies, typing, rejection, ejection, coping strategies, accounts, and deviant subculture that dominated the research and theoretical scene (Davis, 1979).

For sure, many atypical people are made total outcasts by the social processes conceptualized and documented by labeling theorists. Our purpose is not to suggest that such estrangement from the mainstream does not typically occur, nor to demean the contribution of those who have taken this approach. But by becoming so engrossed in stigma and exclusion, sociologists have found it difficult to account for the caring relationship that exist between people who are different and typical people. They have not studied successful attempts by human service workers to integrate people who are demonstrably different into the community. Further, they have largely ignored communities that do not exclude and literature that documents acceptance.

Occasionally, sociologists have acknowledged acceptance of deviants by typicals. Kitsuse's work cited earlier is an example, as is Becker and Horowitz's (1970) examination of the conditions that support the integration of deviant life styles in the San Francisco community. However, sociologists have regarded acceptance as a form of deviance.

The most extensive discussion of positive and accepting relationships between deviant and typical people has been through the concepts of "honorary member" or "courtesy stigma" (Goffman, 1963; Higgins, 1980). These concepts point to the special status in deviant subcultures for people who do not have the deviant attribute but accept and are accepted by the members. In Goffman's scheme, so-called normals participate in a charade with the stigmatized in which both parties act as if the stigma did not really matter. In turn, the typical participant picks up a tainted identity by virtue of the affliction.

The only systematic study of the non-stigmatized acceptance of a people with demonstrable differences into an American community is Groce's (1985) *Everyone Here Spoke Sign Language*. In this anthropological/historical account of towns on Martha's Vineyard, Groce discusses how the community unself-consciously accepted deaf people as full-fledged undifferentiated members. There is a wealth of empirical findings in the field of disability that indicates that acceptance of demonstrably different individuals as family members is common (Featherstone, 1980), but for the most part this research has not made its way into the sociology of deviance literature.

No attribute of a person, no matter how atypical, precludes accepting relations.

Individuals with a wide range of physical, mental, and behavioral differences—people with disabilities or unusual sexual preference, criminals, substance abusers—regularly form close relationships with typical people. No attribute of a person, no matter how atypical, precludes accepting relations. In addition to our own data, there are incidents documented in the literature of people who have no control over their body functions who, from the outside, appear to have no communication skills, yet are part of accepting relations (Goode, 1980).

Chang and Eng, the famous 19th century Siamese twins, retired from exhibiting themselves for profit to become prosperous farmers in rural North Carolina. The fact that they were permanently joined together at the chest and were Asian did not keep them from marrying sisters from a respectable local family, having 22 socially acceptable children, and being active participants in their community (Wallace and Wallace, 1978).

People form accepting relations with convicted mass murderers and child abusers, AIDS victims, chronic alcoholics, as well as the severely disabled. Some might question the use of the word "relationship" in describing such matches. Others would dismiss such relationships as manifestations of psycho-pathology. Individuals who are in such relationships construct them differently, however. They give meaning to the situation that more casual observers do not understand or see.

This is not a sermon about people doing good deeds. It is one about doing good social science. The criticism is theoretical and one of emphasis. We need to account for Molly and the Barkers and the thousands of other people who are demonstrably different in negatively valued ways, but who have accepting relationships with others. We need a sociology of acceptance.

A SOCIOLOGY OF ACCEPTANCE

An accepting relationship is one between a person with a deviant attribute and another person, which is of long duration and characterized by closeness and affection and in which the deviant attribute does not have a stigmatizing, or morally discrediting, character. Accepting relationships are not based on a denial of difference, but rather on the absence of impugning the different person's moral character because of the variation.

The sociology of acceptance is directed toward understanding not only how people with deviant attributes come to be accepted in personal relations, but also in groups, organizations, communities, and society (Groce, 1985). Rather than focusing on how human service agencies serve as mechanisms of social control and create deviance by socializing people into deviant roles, the sociology of acceptance reflects on incidents where human service programs integrate people who might otherwise be isolated, excluded, or segregated from typical people.

A fully developed sociology of acceptance would look at societal, institutional, and organizational conditions

that are related to acceptance. It would try to account for differences in modes and frequency of acceptance from society to society (Edgerton, 1970), community to community, group to group, and situation to situation. The one-to-one accepting relationship is but one aspect of the sociology of acceptance. We will concentrate on this aspect of the field, especially the acceptance of people with demonstrable disabilities.

The time is right for a sociology of acceptance. Starting 15 years ago, the way human service agencies conceptualized services for people with negatively valued differences began to change. Fanned by a strong consumer movement, human service agencies promoting "integration," "normalization," "mainstreaming," and "the least restrictive environment" developed community-based living for people with physical, mental, and behavioral differences.

The trend toward "medicalization," which has been systematically described in the sociological literature, has produced a counter-movement. Consumer groups are trying to demedicalize human variation by pushing a philosophy that human variation is normal. Recently, for example, it was usual for people labeled mentally retarded to be locked away in large custodial institutions. It is now common for them to live in group homes or to be part of families. Although many of these people who are living in the community experience the rejection of fearful neighbors and uncaring service providers, some, like Molly, are also recipients of positive sentiments and form close relationships with others. Because of this movement, there are now many opportunities available to study accepting relationships. In addition, by adding the study of acceptance to the sociology of deviance, sociologists can not only improve their own scholarship, but provide useful understandings for people presently engaged in this effort at social change.

Of course, we are not suggesting that prior to the present movement toward integration there were not positive relationships between people who are demonstrably different and so-called normals. There have always been parents who, in spite of pressure to institutionalize their disabled children, loved them and kept them part of their families. People with disabilities have always married typical peers. Further, it has always been common for some people working in the human services to form genuine friendships with their clients, relationships that transcend the boundaries of their occupational obligations. Because these and other relationships are seldom acknowledged or incorporated in sociological theories of deviance does not mean they did not exist. With the present emphasis on integration, there is a more conscious attempt to develop such relationships, and, therefore, this is an opportune time to work toward a sociology of acceptance.

The study of the sociology of acceptance needs a database, and what is reported here was generated from qualitative research studies we have conducted over the past 15 years. In most cases, the research focus was not on acceptance; we had not been sensitized to look for it. In addition to our past research involving participant observation studies of "mainstreamed" school programs (Bogdan, 1983) and in-depth interviewing of people labeled mentally retarded (Bogdan and Taylor, 1982), this article draws upon our current field research. As part of that effort, we are visiting 40 programs across the country that provide high quality, integrated community living for people with severe and profound disabilities.

None of the studies we have mentioned is adequate to provide a broad overview of the dimensions of a sociology of acceptance. Together they are useful in pointing to some of the major issues, categories, and propositions that need to be developed in creating a systematic grounded theory of such a sociology. In developing a sociology of acceptance, there is also a need to review literature in other fields and empirical research in sociology with an eye to collect incidents of acceptance that have not been conceptualized in that way. We need also to spend time in archives trying to understand more fully the experiences of people we now call deviant in different historical and cultural contexts. Thus, this article is not a "sociology of acceptance"; rather, it is the first step toward that goal.

TYPES OF ACCEPTING RELATIONSHIPS

Perhaps one of the reasons sociologists have concentrated on rejection and stigma is they have mainly studied casual and impersonal interaction between typical and atypical people (Davis, 1961; Goffman, 1963). With more sustained relations, there is greater variety and complexity. Typical people may treat people who are different with sustained hostility as well as love them with intense affection. In developing a sociology of acceptance, we are only concerned with caring and affection and regular contact over a sustained period. Even within those confines the range of relationships covered is broad and the boundaries imprecise. They include caring relationships between a parent and child, friends, lovers, co-workers, and spouses.

People who are involved in accepting caring relationships eventually take them for granted. In fact, asking them why they have these relationships often provokes expressions of disgust. It tells them that the questioner does not accept such unions as "normal." While this is true, by their actions, way of talking, and explanations they give when pressed, there are a range of sentiments and motivations expressed by typical people for having accepting relationships with people who are different. Four major orientations to accepting relationships can be distinguished, based on the sentiments expressed by the typical person toward the partner with the deviance.

Family. When we asked a 28-year-old married man who has a close relationship with his 18-year-old moderately retarded brother with Down's Syndrome why he keeps that relationship so active, his immediate and impatient response was: "He's my brother!" Many people who have relationships with people who are different explain their relationships by an appeal to family values. They care about and remain close to their deviant wives, husbands, sons, daughters, brothers, sisters, aunts, and uncles because that's what family members do. The family relationship supercedes the differentness. Rather than the differentness being the master status, it is only part of the configuration. The family bond holds in

spite of the member's deviance.

As a basis for accepting relationships, family sentiment may include both "nuclear" and "extended" families. A person may be born into a family, marry in, be "adopted," or even have the sentiment directed at them as foster family member. Close friends often draw upon the sentiment of family in describing their relationship when they use the designation of "brother" or "sister" in referring to each other. A number of residential programs for people with disabilities attempt to make use of the family sentiment as the ideological basis of service. Although these programs emphasize unconditional care of "family members," the transitory nature of employees, shift staffing, and other organizational factors undermine the sentiment's power. The process and nature of acceptance vary according to how and when the person achieved membership. Accepting relationships can start with a feeling of pure obligation toward the person because of family membership and then evolve to affection.

Family as a sentiment of accepting relations appears to be the most pervasive and most enduring in our current society. Other institutional affiliations also can be the basis of bringing about accepting relations. Neighbors can reject and exclude; they also can use the sentiment of "neighbor" to develop accepting relationships with a person with a demonstrable difference. People who are different increasingly are being integrated into voluntary associations such as Boy Scouts, YMCAs, and youth clubs. This group membership can provide the starting sentiment for the development of accepting relationships.

Religious. In some accepting relationships the sentiment that sustains them is religious commitment. Be it a particular philosophy that is emobodied in a religious social movement such as personalism in the Catholic Worker Movement, or life-sharing in the L'Arche communities, or a general commitment to basic Judeo/Christian beliefs concerning serving the less fortunate, the deviance has a special significance. Whereas in the case of family sentiment, the relationship endures in spite of the person's deviance, in the religious sentiment the difference is often the basis of the relationship. In other words, the typical person may be attracted to and brought into contact with the atypical person precisely because of the deviance.

At times, the religious sentiment can promote relationships of equality between typical and atypical people ("All people are imperfect," "We are all equal in the mind of God"), but underlying the sentiment is a service to God, through serving the unfortunate, the down-trodden, or the wounded. While this is the case, accepting relationships can be propagated in the context of such sentiments, and although the relationship may start with the deviance as central, the significance of the difference can decline over time.

Some community residential programs for people with severe and profound disabilities are founded on and sustained by particular religious philosophies. Sometimes particular people draw upon their own religious tradition to give meaning to their one-on-one involvement with a particular deviant person or to a life of seeking out such relationships.

Accepting relationships are not based on a denial of difference, but rather on the absence of impugning the different person's moral character because of the variation.

Humanitarian. Serving others is not a sentiment exclusive to people with strong religious orientations. Some people are drawn to people who are negatively valued in a way similar to those with religious motivation—their concern is with the needs of the atypical person and the alleviation of their suffering—but their traditions are rooted in secular beliefs such as humanism, civil rights, or, in the context of the helping professions, a service mission. "He or she is a person in need" is often the short version of the explanation for the relationship.

For the most part, people who care about people in the family, religious, or humanitarian context do not get paid for their affection. Sometimes, however, full-time human service workers develop attachments to those they are paid to care for, well beyond the expectations of their jobs. Increasingly some human service workers, specifically many who work in community-based residential programs, are expected to form meaningful ties with their clients, challenging old definitions of human services professionals in terms of "affective neutrality" (Parsons, 1951). In some branches of human services, accepting relationships may be replacing detached objectivity as the norm of practice.

Within the human services there has emerged another new role, the advocate. Advocacy for people defined as deviant has emerged as an extension of the civil rights movement, and the number of people who hold that perspective has grown from a handful to the basis of a strong social movement.

The advocate sees him- or herself as being in the relationship primarily to improve life for the atypical person by seeing that their rights are protected and that they are getting what they are entitled to. Sometimes advocates form relationships with people who are different as part of a strategy of bringing about large-scale social change. In other relationships, it is the particular person they have the attachment to that is their primary concern. But in either case, the language to define why they are in the relationship is strongly political and grounded in humanitarian/civil liberties sentiments.

Friendship. When some people who have close relationships with people who are different are asked "Why?" the answer is "He or she is my friend." Here the relationship is described not in terms of abstract appeal to values that transcend the relationship but rather in concrete terms of liking the person. In friendships the difference can become unimportant; the positive attributes of the person are central and the negatively valued difference is in the background. In other friendships, the differentness is prominent but has a special positive meaning. Rather than persons with a disability being de-

Accepting relationships can start with a feeling of pure obligation toward the person because of family membership and then evolve to affection.

valued for their difference, the difference is seen as making them special, more interesting, more stimulating, more challenging, more appreciative.

The story of Mike and Jim's relationship provides an illustration of patterns and issues in the evolution of such a friendship. Jim is mentally retarded. They met when Jim was client in a social service agency where Mike did volunteer work. Both men are in their thirties. Mike no longer volunteers, but he sees Jim at least once a week and talks to him regularly on the phone.

In an interview with Mike, he described his feelings when he met Jim. At first he wasn't sure how to behave. He knew Jim was mentally retarded, and this "fact" dominated his thoughts. He did not want to say anything that might offend Jim, but he had some concerns about him. He thought that he might not have the ability to control his moods and that he was in danger because of latent violence. He was also concerned that Jim would become dependent on him. In addition, Jim's behavior and speech patterns were different enough that he had trouble understanding him. He also thought that Jim would feel awkward around his wife and friends, and they would feel awkward around him.

Mike was cautious at first, but after a few encounters he began feeling more comfortable with the idea of Jim as a friend. He felt less self-conscious about his label and began enjoying him. He especially appreciated Jim's candor. As he put it, Jim seemed to have an uncanny ability to "cut through the bullshit" of life. It was a refreshing critique on all the game playing most people engage in. Mike also appreciated the fact that Jim talked about his feelings and, on occasion, cried. He saw Jim as having many of the attributes he respected in men, but were too often missing.

Jim shared stories of the abuse he had experienced and the shame he had felt when he was ridiculed for being dumb. The two began talking about Jim's life and the label mental retardation, and they even began joking about it. As the relationship evolved, Mike increasingly questioned what the label of mental retardation could tell him about Jim. Jim had talents and sensitivities that the term "mental retardation" did not capture.

As Mike got to know Jim better, he introduced him to his wife and invited him to dinner at the house. While Mike's family is not as close to Jim as he is, they do consider him a friend. Mike feels that he has a special relationship with Jim that his other friends might not fully appreciate. While he did not withdraw from his other friendships, his relationship with Jim remained separate from his other friendship groups.

Family, humanitarian and religious sentiments can evolve into friendship, but some accepting relations such as Jim and Mike's have only friendship as the base. They come about because the atypical person and the eventual partner meet and begin to like each other. Such encounters may occur because the two share organizational affiliations—they are employed by the same company, belong to the same community organization—or live next to each other, or meet at a party or on a bus trip.

The typical person's sentiments toward the relationship, whether family, religious, humanitarian, or friend, are not mutually exclusive nor as simple as the description suggests. Most relationships contain a combination of the sentiments and a complex mixture of orientations. One, for example, can be a person's brother and like him or her as a friend. Similarly, a religious orientation can contain sentiments of liking and familial bond. Advocate relationships can have strong elements of religious or family sentiment. Further, relationships can change. They can start out being primarily of one type and change to another. Thus, a person can meet someone as a professional with a service orientation and that can evolve into a friendship.

In discussing the different types of relationships, we have been reporting how the typical partner describes the motivation. To develop a full understanding of a sociology of acceptance we have to understand the other partner in the relationship as well. The variety in the kinds of differences we are dealing with perhaps does not lend itself to generalization. Some people with differences are quite articulate and willing to reflect on the meaning of their ties to others. People like Molly, on the other hand, provide a real challenge to the researcher who is concerned with understanding the atypical person's definition of the situation. Atypical people who are articulate about their relationships with others tend to de-emphasize the charity and non-reciprocal aspects of the relationship. They seem to emphasize explanations like: "He's my brother," "He's my friend," rather than explanations that suggest charity and dependence.

THE DEVELOPMENT OF CARING RELATIONS

While there is tremendous variation in the patterns of how relationships evolve between people who are different and others who meet during adulthood, our data suggest, and Mike and Jim's story illustrate, the following generalizations.

- Accepting relationships are formed in stages—meeting, getting acquainted, becoming close, becoming intimate—in which the disability gradually becomes less salient in the eyes of the other. In one sense, in the eyes of the typical person, the deviant becomes delabeled.
- In the initial encounter the relationship tends to focus on the difference. The label defines the person to the typical peer, and stereotypes are dominant.
- In the case of first encounters that evolve into sustained relationships, something occurs that results in more contact. This can be an attraction of both parties toward each other or it can be that they are obligated or forced into further contact because of their stations in life.
- Increased positive contact results in the typical person feeling more at ease

In some branches of human services, accepting relationships may be replacing detached objectivity as the norm of practice.

in the presence of the person who is different and relating to the other as a person rather than as a stereotype.

- As the relationship develops, more trust is established and the comfort level rises. The typical person begins to feel that he or she shares an understanding of the meaning of disability in the other's life that people who don't share such a relationship do not understand. The disability becomes less central to the relationship. Sometimes the typical person brings the different person into other relationships, but this does not always occur.
- Typically, the disabled and nondisabled people share the contempt they feel toward outsiders who reveal by their remarks, tone of voice, or actions that they are uncomfortable in the presence of the disabled person or find the relationship odd.
- In caring relationships between people who are different and typical peers, they joke about others who are not in such a relationship or who act uncomfortable or show ineptness in relating to the person who is different.
- Through knowing a person who is demonstrably different, the typical person may empathize with the discrimination and rejection he or she has experienced.
- Typical people who are in caring relationships with people who are different de-emphasize the negative aspects of the person and stress the positive. Often aspects of the person that relate to the difference are given positive meaning, thus forming part of the explanation of the unique value to that person as an intimate.

There are particular environments, backgrounds, and circumstances that tend to dispose people to form caring relationships with deviant people. The following are some conditions that seem to foster caring relationships.

- People who have caring relationships with people who are different tend to be more open to other relationships with people with similar differences and to start those relationships less centered on the difference.
- Regular and positive contacts between disabled and typical people foster caring relationships. People cannot form caring relationships unless they meet.
- Positive interaction is more likely to take place in a pleasant environment where the disabled person is not in a group of disabled persons. When interactions occur in agencies or other segregated facilities, or where there are many disabled people, they are often confused and fearful.
- There are particular environments that are conducive to disabled and nondisabled people forming friendships: the people are satisfied and content; there are norms of acceptance and respect for individual differences; there are norms that support caring and mutual support; the people have a history of being included.

CONCLUSION

The sociology of acceptance should not replace the sociology of exclusion, but rather the study of the acceptance will enlarge the scope of our understanding of relationships between people who are different and their typical peers. By including a sociology of acceptance into the study of deviance we would not only advance our own theoretical understanding, but might produce understanding that would be useful to practitioners.

Human service workers are attempting to accomplish social integration and normalization, but the sociology of rejection does not provide a basis for them to formulate plans. The theoreticians of these trends tend to formulate their strategies based on the labeling literature (Wolfensberger, 1972). They develop plans of what not to do rather than of how acceptance is accomplished.■

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